

GENERAL MEDICAL CERTIFICATE

Legal Name (*Write Name Exactly as it appears on Official Documents*)

First Name: _____

Family Name: _____

Permanent (Home Country) Address:

Place and Date of Birth: _____
(MM/DD/YYYY)

This certifies that the individual mentioned above is currently free from any signs and symptoms of infection. It is confirmed that he/she is both physically and mentally fit to pursue university studies, particularly in the field of health sciences.

Remarks:

Name of The Doctor: _____

Address of The Practice: _____

Date: _____
(MM/DD/YYYY)

Signature and Stamp of Registered Medical Doctor: _____